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Do newly qualified nurses feel prepared for practice? : A Review of the Literature

This proposed article has been designed to meet the requirements of a 'research review' from the 'NT Author Guidelines'

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Introduction

This literature review investigates whether British newly qualified nurses (NQNs) feel prepared for practice and explores their experiences and expectations in the transition from student to registered practitioner. This particular subject was chosen following a supervised peer discussion of a group of student nurses immediately prior to qualifying. The subject was discussed informally at length and the common premise that emerged was that they felt unprepared and anxious regarding their first post as newly qualified practitioners. The findings of this discussion exercise were that the main causal factors of anxiety are the fear of their accountability status; new clinical environments; fears of not being supported; and the loss of security from being a student at a university. However, it should be noted that many people find starting a new job particularly stressful (Zunker 2008). Nevertheless, for nurses this is a particularly important issue as unpreparedness could lead to adverse patient outcomes (Duffy 2003; DH 2008). In order to investigate this further a literature search was initiated to explore what is recognised concerning the transition of NQNs and to identify if there are any gaps in that body of knowledge that could be of assistance.

The transition from student to qualified nurse has been widely acknowledged as a stressful experience. The literature indicates that this is not merely a national phenomenon of NQNs but that it also transcends international boundaries (Honan Pellico *et al* 2009, Morrow 2009 and Fox *et al* 2004, Kelly and Ahern 2008). This is also not a recent concept, Kramer wrote about

'reality shock' in her seminal work in 1974 which distinctly identified the difficulties that NQNs felt, relating specifically to the preparation for their latest roles. This important work carried out in the United States was revolutionary in identifying the thoughts and feelings of NQNs and has been a focal point in many subsequent studies.

The Government publication following the Darzi report 'High Quality Workforce' (DH 2008) outlines how health care organisations such as the National Health Service (NHS) should improve the quality of their services for the benefit of its staff. The recommendations are to include improvements in nursing education, preceptorship and continued professional learning. Higgins *et al* (2009) go further to imply that these new recruits are not only the future for health care but are the here and now with nearly 60% of the nursing workforce being newly qualified. Consequently, the transition of this valuable commodity should be a primary concern for the NHS and nurse managers.

Ford (2009) reported that the Nursing and Midwifery Council are finalising the standards for a year long preceptorship programme for NQNs in line with the Department of Health's Preceptorship Framework which is now in place (DH 2010). It is perhaps most important to note that following the Darzi review recommendations, preceptorship is also fully funded by central NHS funds amounting to £30 million per year (Keen 2009). However, in line with their localism agenda, the coalition Government appear to be retreating from the commitment to nationally guaranteed preceptorship in favour of leaving it to the NMC to legislate or for local employers to make the decision themselves

(Corbett 2010). We will now explain the methods used to select the articles for this review.

Method

The PRISMA guidance for systematic review was used as the current internationally recognised standard (Moher et al 2009). The studies needed to specifically focus on, or capture NQNs' experiences regarding their transition from student to staff nurse within adult nursing. The chronological limit for the search were articles published after Kramer (1974) as the authors felt that this seminal study had set a precedent. The geographical limit of the search was set within Britain in order to collect data most in line with local nurses' experiences.

The following databases were searched systematically for literature:-CINAHL, Medline, Science Direct and BNI. The keywords for the search were 'newly registered nurs*', 'newly qualified nurs*', 'first post', 'expectations' and 'transition'. This generated 37 articles. 33 of these were rejected due to being outside of the review parameters or not being research articles. We also used the reference lists from the articles to be examined and other work in a similar context to be considered. This gave the authors a broader understanding of the knowledge already researched and provided another 3 articles for inclusion in the review. The culmination of this systematic search and review of indicated sources led to seven reputable journal articles for review. The articles are Baillie (1999), Gerrish (2000), Jasper (1996), Maben

and McLeod (1998), Mooney (2007), Ross and Clifford (2002) and Whitehead (2001). The results of their research will now be presented.

Results

For a table containing the summary of appraised articles see figure 1 below.

Figure 1

Author	Study aims	Method	Fitting	Ethics	Sample	Analysis	Findings	Limitations
Baillie (1999)	Examine students, NQNs and ward manager's perceptions regarding skills and knowledge needed in preparation for role as a staff nurse.	Qualitative: Focus study group.	Yes	Not specified	2 groups of 8 student nurses 4 staff nurses (qualified for 6 months)	Analysis of interview verbatim and questionnaires.	Anxieties and stress related to management identified.	Small groups, not representative.
Gerrish (2000)	Explore NQNs perceptions of the transition period and compare those identified with the perceptions of the participants that qualified in 1985 (Gerrish nee Walker)	Qualitative, previous study grounded theory approach, in-depth interviews. Present study mirrored the original work.	Yes	Not specified	Previous study: 10 staff nurses qualified for 3-6 months (1985) Present study: 25 nurses qualified for 4-10 months (1998)	Comparative data analysis	Stressful aspects, individual accountability, managerial responsibilities, clinical skills, communication problems, pre-registration education.	Original study: small sample size, not representative. Present study: slightly larger scale, still not representative.
Jasper (1996)	Examine the experiences of the NQNs in first 12 months of practice.	Qualitative: focus study groups, open ended questions, semi-structured interviews.	Yes	Consent gained from participants	8 qualified nurses up to 12 months post qualification	Verbatim transcribed and coded into themes	Coming out of school, living in the real world, effect of the label, learning to cope, us and them.	Small sample size. Previous experience of interviewee may have influenced the questions used.

Author	Study aims	Method	Fitting	Ethics	Sample	Analysis	Findings	Limitations
Maben and McLeod Clark (1998)	Describe the experiences from student to qualified nurse and identify factors that effect transition.	Qualitative: postal questionnaires.	Yes	Not specified	Convenience sample of 10 staff nurses qualified 6-11 months that volunteered to participate.	Taped interviews, transcribed using codes.	Emotional highs and lows, stigma and negative staff attitudes, resistance to change, responsibilities and support issues, skills deficit.	Small scale study, not representative.
Mooney (2007)	Examination of how newly qualified Irish nurses perceived their transition from student to qualified nurse.	Qualitative: grounded theory approach using semi-structured interviews, open ended questions.	Yes	Ethical approval granted.	12 NQNs from 2 separate cohorts within 12 months of qualification.	Typed verbatim, coded to generate theory of experiences.	Unexpected reality, great expectations, no time for nursing, faces the trepidations.	Relatively small sample size, use of 2 cohorts allows more comprehensive analysis. Limited time frame.
Ross and Clifford (2002)	Explore the expectations of student nurses in their final year and compare with NQNs.	Qualitative: in-depth interviews, pre-qualifying questionnaires and interviews and post-qualified questionnaires.	Yes	Sort and approved, consent given.	Convenience sample, 30 students 3 months prior to qualification. Postal questionnaires to 62 NQNs.	Generated both qualitative and quantitative data, focus on qualitative used to identify categories.	Transition period remains stressful, suggestions by participants given to improve the transition.	Weakest sampling method used, small scale, not representative.
Whitehead (2001)	Examine NQNs' experiences surrounding transition from student to nurse.	Qualitative: exploratory approach using semi-structured interviews.	Yes	Not specified	Convenience sample of 6 nurses, (3 diplomates and 3 graduants)	Taped interviews, transcribed, verbatim coded.	Uncertainty, responsibility and accountability, support, preparation.	Small scale study, weakest sampling method, not representative.

To facilitate this, a Critical Appraisal Skills Programme (PHRU 2006) was accessed. Using a tool allows for a systematic approach which will ensure the papers are reviewed with equal rigour (Hawker *et al* 2002 and Lloyd Jones 2004). We will now discuss the findings above.

Discussion

The identification of commonalities will be discussed as themes which emerged from analysis and comparison of the results. These are: Transition and Preparation; Accountability and Responsibility; and Support, and Learning to Cope.

Transition and Preparation

Evidence from qualitative studies has established several key aspects that student nurses undergo during the transitional journey. Baillie (1999) identified the process as inevitable and uncontrollable which they found particularly overwhelming. This could possibly account for the feeling of heightened stress. Throughout this review these opinions have manifested in various ways and were universally expressed as 'anxiety' and 'stresses' by the participants. Jasper (1996) discusses the transition of the students to nurses as being two different worlds, thus suggesting the world of the student is sheltered; whereas the world of the newly qualified is exposed. Whitehead (2001) corroborates this finding and goes on to state that all the subjects in her study narrated feelings of trepidation and fear. Maben and McLeod (1996) also recognised a similarity of how NQNs felt 'on their own' in association to being a student. The nurses' thoughts were expressed as 'highs' and 'lows'.

Nevertheless, they included the positive aspects of the role, which were consistently articulated by the participants, rather than focusing purely on the negative aspects of the transition. These findings draw attention to the idealism of what is being taught during nurse education programmes compared to the reality of practising as a NQN within the constraints of available resources and local policies. Synergistically this would imply that there is still a significant gap between theory and practice. Whitehead (2001) also acknowledges this result, suggesting that this dichotomy should be seriously considered by those directly involved with nurse education. Her findings indicate a demonstrable issue concerning the preparation of NQNs from day one, regardless of any support packages that may or may not be in place. This is an indisputable subject that has also been highlighted by Maben and McLeod (1996). Mooney (2007) on the other hand identified that the participants in her study felt there was no time for nursing, this again is pivotal in suggesting that the time spent as a student does not prepare them for the realities of practice. There are high expectations of the NQN once in practice, along with an assumption that qualified means 'all knowledgeable'. Therefore pre-registration education and the variation of clinical placements have been highlighted as major issues within the preparation of the nurses and require further research in this particular area.

Accountability and Responsibility

The increase in responsibility and accountability brought about by qualification has been evident as a major stressor in the transition process; this was clearly apparent from all the papers reviewed. These responsibilities can be

categorised further into management, delegation, drug administration and prioritising.

Baillie (1999) identified through her qualitative active research study on student nurses, NQNs and ward managers that management skills were a leading area of concern. The methodology of using participants at various stages of their transition was particularly pertinent to the research question. By exploring the perceptions of students in their last months before transition enable a comparison of how those perceptions actually fair once in practice. Ross and Clifford (2002) also incorporate student nurses in their study which provides a further comparator.

Mooney (2007) highlights that expectations from neophyte nurses by ward managers are somewhat unrealistic, suggesting that pressures of the ward environment, being able to adapt and integrate quickly and the added responsibility of accountability are particularly overwhelming. Maben and McLeod (1998) also noted inconsistencies in aspects of management preparation, suggesting that theoretically within a classroom context the preparation was adequate. However, the practical aspects such as drug administration, prioritising, decision making and clinical skills were variable. This was attributed to the differences each practice placement offered the participant, thus varying their individual experiences and abilities.

Gerrish (2000) moreover identified managerial responsibilities as problematic; this related to both self management and management within a team. Despite the exposure to practical placements as part of the training curriculum the study suggested that it was only once working as a qualified nurse that the

realities of what is required become apparent. Mooney (2007) goes on to suggest that these negative experiences have a profound influence on NQNs remaining in the profession.

Another prominent cause of anxiety during the transition was drug administration. Maben and McLeod (1996) noted that the participants implicitly expressed concerns when administering drugs. This was again reflected in the literature as a major fear of accountability, suggestive that this area of practice is not being adequately addressed during the education and preparation of nurses (Baille 1999, Gerrish 2000, Jasper 1996, Mooney 2007, Ross and Clifford 2002, Whitehead 2001). Prior to qualification drug administration had been only carried out with rigorous supervision; consequently, to suddenly find themselves unsupervised and now accountable more than justifies their fears and anxieties.

For this reason some found supernumerary status particularly advantageous. Nevertheless, it was noted that this was fragmented when there were staff shortages. Contrastingly Jasper (1996) suggests that despite an obvious lack of support the NQNs learned to cope with this as an aspect of their new role, which resulted in their confidence levels increasing. It should be noted that Jasper's is a lone voice in this and all other evidence collected indicates that support is beneficial.

Support

The environment into which NQNs are first exposed is crucial to a smooth transition; however, the lack of support experienced by the majority of these nurses is evident (Maben and McLeod 1996, Mooney 2007, Whitehead 2001). A period of preceptorship has been recommended during the transition; nevertheless, the evidence suggests that this practice is variable. Whitehead (2001) found that staff shortages had been a major contributor to the lack of support given to the NQN once in post, rather than unwillingness from established members of staff. This disparity should be a concern for ward managers who decide what constitutes adequate staffing levels, as this will directly impact on the policy of a mandatory preceptorship programme .

Ross and Clifford (2002) and Baillie (1998) identified that due to pressures of a busy ward environment the, soon to be qualified, students expressed that they were treated as part of the workforce and their learning needs were not a priority. These negative experiences as a student also exacerbated their feelings of stress and affected their perceptions of their imminent qualification. This has also been reflected in the studies by Maben and McLeod (1998), Ross and Clifford (2002), Mooney (2007) which describe the benefits of a preceptor as easing the transition process. These findings have also proven consistent with international literature (Honan Pelico *et al* 2009, Fox 2004, Kelly and Ahern 2008 and Morrow 2009). However, the challenge is how to improve these circumstances for future NQNs. Mooney (2007) goes on retrospectively to suggest that these negative experiences have a profound influence on NQNs remaining within the profession. From this, a recommendation for a clinical supervisor to be available fulltime to support

and give guidance to a newly qualified nursing staff whilst on shift should be considered (Whitehead 2009). This in effect could alleviate the majority of anxiety felt by the NQN as they would be able to seek advice at any time without pressuring the remaining nursing staff.

Coping strategies

As a direct consequence of not feeling adequately supported in certain circumstances Maben and McLeod (1996) identified that some NQNs learned to cope with being 'thrown in at the deep end' and that this in itself was often a significant turning point for them, attributing to their own development of analytically thinking and increased confidence, albeit a controversial method. Similarities were established by Ross and Clifford (2002) and Whitehead (2001) who reported that some NQNs were left in a situation where they had to cope rather than being taught. However, it could be argued that they were able to survive the transition through their own constitution and not necessarily as a result of appropriate preparation which is what this particular research question asks. These findings conversely support the argument for mandatory preceptorship.

Conclusion

To draw a conclusion the literature accessed for this research question has been well chosen. Each paper describes several commonalities suggestive that NQNs do not feel adequately prepared for their roles in practice. An important factor to consider is that small scale research has limitations and the authors are cautious when attempting to generalise; however the

homogenous results from the literature of approximately 200 participants suggest a strong correlation of experiences between the participants.

Therefore, if this is to be addressed and staff attrition rates reduced, the findings should be considered pertinent to nurse educationalists preparing students along with those employing NQNs.

Ross and Clifford (2002) in contrast to the other literature found that the subjects suggested specific changes that could potentially be useful to nurse educationalists regarding selection of clinical placements during nurse training. They articulated that being able to choose their final placement area would have been particularly beneficial, especially if this was an area they wanted to work in once qualified. Adopting this system could have prepared them for the role and their learning needs facilitated adequately before the final transition.

The introduction of a mandatory preceptorship programme would assist with a smoother transition and we recommend the introduction of this long awaited modification. Following the introduction of national mandatory preceptorship further research in this area will be essential.

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